P18000065577

(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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09/25/23--01928--P08 ***+**35.00



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Section 607.1401, Florida Statutes, provides for the dissolution of a corporation that has not issued shares or commenced business.

The document must be typed or printed and must be legible.

Pursuant to section 607.0123. Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

<u>NOTE:</u> A Notice of Corporate Dissolution form is attached. This notice pursuant to s. 607.1407, F.S. is optional and is not required when filing a dissolution. No additional fee is required if it is included.

FEES:

Articles of Dissolution	\$ 35.00 (Includes a letter of acknowledgment)
Certified Copy (optional)	\$ 8.75

Certificate of Status (optional) \$ 8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

For further information, you may contact the Amendment Section at (850) 245-6050.

CR2E012A (12/19)

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: DISSOLUTION			
DOCUMENT NUMBER:	P18000065577	·	
The enclosed Articles of Dis	solution and fee	e are submitted for filing	
Please return all corresponde	nce concerning (this matter to the following	ng:
GARY HASSON			
	(Name of Co	ontact Person)	
OWNER			
	(Firm/	Company)	
1067 TILDENVILLE SCHOOL R	D		
	(Add	Iress)	
WINTER GARDEN, FL 34787			
	(City/State	and Zip Code)	
For further information conce	erning this matte	er, please call:	
GARY HASSON		at ()	3055
(Name of Contact	Person)	(Area Code & I	Daytime Telephone Number)
Enclosed is a check for the fo	llowing amount	:	
■ \$35 Filing Fee □ \$43.75 Certifica	ate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327

Street Address: Amendment Section Division of Corporations The Centre of Tallahassee

ARTICLES OF DISSOLUTION

The name of the corporation as currently filed with the Florida Department of State:

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

HASSON MANAGEMENT GROUP INC.

FIRST:

SECOND:	The document number of the corporation (if known):	
THIRD:	The file date of the articles of incorporation: 7/30/2018	
FOURTH:	None of the corporation's shares have been issued.	
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH:	The net assets of the corporation remaining after winding up, if any, have been distributed to the shareholders, if shares were issued.	
SEVENTH:	A majority of the incorporators or directors authorized the dissolution.	
Sign	ature: (By a director, president or other officer) if directors or officers have not been selected, by an incorporator - if	
	in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	
	GARY HASSON 22	.
	(Typed or printed name of person signing)	
	PRESIDENT/OWNER	
	(Title of Person Signing)	
	Filing Fee: \$35	

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. HASSON MANAGEMENT GROUP, INC. Name of Corporation: The above named corporation is the subject of dissolution and the effective date of a dissolution is: $\frac{12/31/2021}{2}$ (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: DETAILED DESCRIPTION OF CLAIM Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) 1067 TILDENVILLE SCHOOL RDWINTER GARDEN, FL 34787 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. **GARY HASSON** Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00